

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

February 20, 2008

Patrick Hermanson, Administrator Portneuf Medical Center 651 Memorial Drive Pocatello, ID 83201

RE:

Portneuf Medical Center, provider #130028

Dear Mr. Hermanson:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at your facility, Portneuf Medical Center, on February 5, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of

Patrick Hermanson, Administrator February 20, 2008 Page 2 of 2

being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by March 4, 2003, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

MARK P. GRIMES

Health Facility Surveyor

Facility Fire Safety and Construction Program

MPG/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES

PRINTED: 02/14/2008 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

(X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 02 - ENTIRE HOSPITAL B. WING 02/05/2008 130028 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 651 MEMORIAL DRIVE PORTNEUF MEDICAL CENTER POCATELLO, ID 83201 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 000 INITIAL COMMENTS The licensed facility consists of an east campus three story structure and six story building on the west campus. The campus buildings are Type I (443) with complete automatic sprinkler system and off-site monitored fire alarm/smoke detection system. The original west campus building was built in 1948 with subsequent additions averaging every 10 years (1960, 1970, 1980) with several projects on-going. There is major construction occurring on the east campus. All hazardous areas are rated with 1-hour separation. The following deficiencies were cited at the RECEIVED above facility during the Fire/Life Safety survey conducted on February 5, 2008. The facility was surveyed under the LIFE SAFETY CODE, 2000 MAR 0 7 2008 Edition, Existing Health Care Occupancy and in accordance with 42 CFR 482.41. FACILITY STANDARDS The survey was conducted by: Mark Grimes, Supervisor Facility Fire/Life Safety and Construction Program Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program As of 2/26/08, all observed NFPA 101 LIFE SAFETY CODE STANDARD K 017 K 017 4/25/08 transfer grills in the walls Corridors are separated from use areas by walls and doors noted as being out of constructed with at least 1/2 hour fire resistance compliance have been removed. rating. In sprinklered buildings, partitions are All hospital corridors will be only required to resist the passage of smoke. In inspected for non-approved non-sprinklered buildings, walls properly extend transfer grills. Observed above the ceiling. (Corridor walls may terminate defiencies will be corrected at the underside of ceilings where specifically no later than 4/25/08. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

(X2) MULTIPLE CONSTRUCTION

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14

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DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 02 - ENTIRE HOSPITAL A. BUILDING B. WING 02/05/2008 130028 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 651 MEMORIAL DRIVE PORTNEUF MEDICAL CENTER POCATELLO, ID 83201 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)ID. (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) K 017 Continued From Page 1 K 017 the current expectation that permitted by Code. Charting and clerical all hosptial remodeling and stations, waiting areas, dining rooms, and activity construction be in compliance spaces may be open to the corridor under certain with this standard. Plan conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated reviews and construction walls if the gift shop is fully sprinklered.) monitoring will be used to 19.3.6.1, 19.3.6.2.1, 19.3.6.5 ensure future compliance. This Standard is not met as evidenced by: Based on observation, it was determined that for three of four basement corridors used for exit access, the facility had not ensured corridors were protected to forestall passage of smoke into corridors where transfer grilles had been installed in corridor doors. The findings include: Observation, on February 5, 2008 during tour between 11:05 a.m. and 11:22 a.m., disclosed that corridor doors were installed with transfer grilles in the following basement locations: in the door of the soiled linen room near exit B-6, in the corridor door of the dietary compressor room adjacent to the boiler/linen chute area leading to the back ramp of the old emergency room, and in a corridor door of the room serving as the dietary catering storage room. Installation of these units were not 1/2 hour fire resistant rating and would allow passage of smoke into the corridors potentially obstructing egress access for employees in the basement.

As of 2/26/08, all doors that

K 018

NFPA 101 LIFE SAFETY CODE STANDARD

Doors protecting corridor openings in other than

K 018

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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OMB NO. 0938-0391 CENTER'S FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING 02 - ENTIRE HOSPITAL B. WING 02/05/2008 130028 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **651 MEMORIAL DRIVE** PORTNEUF MEDICAL CENTER POCATELLO, ID 83201 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) Continued From Page 2 K 018 K 018 were found not able to completely required enclosures of vertical openings, exits, or swing closed and/or latch hazardous areas are substantial doors, such as securely have been repaired. those constructed of 1% inch solid-bonded core All hospital corridor doors wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only will be inspected to ensure required to resist the passage of smoke. There they are able to properly is no impediment to the closing of the doors. resist the passage of smoke Doors are provided with a means suitable for as required by this standard. keeping the door closed. Dutch doors meeting Any door found out of compliance 19.3.6.3.6 are permitted. 19.3.6.3 will be repaired no later than 4/25/08. The hospital's Roller latches are prohibited by CMS regulations Building Maintenance Program in all health care facilities. has been expanded to include testing of all corridor doors on a periodic basis, beginning 3/1/08. Compliance with the Building Maintenance Program is monitored on a monthly basis. Periodic safety surveys conducted by the hospital Safety Committee will include random checking of corridor doors This Standard is not met as evidenced by: in the areas inspected, 4/25/08 Based on observation, it was determined that the effective 4/1/08. facility had not ensured corridors were maintained to fully protect and to resist the passage of smoke for two of six main floors sampled in the west campus building. The findings include: Observation on February 4, 2008 during tour between 2:48 p.m. and 4:05 p.m., disclosed that corridor doors on the fourth floor (rooms 406, 407 and 409) and on the sixth floor (rooms 604, ICU room 6, the 6th floor playroom and ICU room 9) were not able to completely swing closed and latch securely. Lack of tightly closing

doors provides for potential of smoke to infiltrate

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throughout the smoke compartment(s).

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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02/05/2008

(X5)

COMPLETE

DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 02 - ENTIRE HOSPITAL A. BUILDING B. WING_ 130028 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **651 MEMORIAL DRIVE** PORTNEUF MEDICAL CENTER POCATELLO, ID 83201 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 029 Continued From Page 4 K 029 K 029 NFPA 101 LIFE SAFETY CODE STANDARD K 029 noted is in progress. All One hour fire rated construction (with \% hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

> This Standard is not met as evidenced by: Based on observation, it was determined that the facility had not ensured that hazardous areas were not protected where penetrations had occurred for two of two basement smoke compartments. The findings include:

Observation on February 5, 2008 during tour between 11:00 a.m. to 1:40 p.m., disclosed that basement hazardous areas were penetrated by various holes from old equipment being removed or new equipment being installed. Mortar or rated fire grouting had not been installed in penetrations in ceilings and walls in the following areas: basement room 89 (four openings), room 87 - the dietary compressor/housekeeping storage room included nine penetrations from one to four inches in size, central supply where plumbing had been installed/repaired in the ceiling (two openings), an electrical room adjacent to the basement medical supply area (two openings), and the boiler room to include 2-four inch holes

Corrective action on deficiencies identified floor penetrations in the listed hazardous areas will be properly filled in no later than 3/31/08. All additional hazardous areas will be identified. inspected, and any penetrations found will be properly filled in no later than 4/25/08. It is the current expectation that all hospital remodeling and const. be in compliance with this standard. Plan reviews and construction monitoring will be used to ensure future compliance.

4/25/08

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED 02 - ENTIRE HOSPITAL A. BUILDING B. WING 02/05/2008 130028 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **651 MEMORIAL DRIVE** PORTNEUF MEDICAL CENTER POCATELLO, ID 83201 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) K 029 Continued From Page 5 K 029 where two-inch pipes had been routed into the ceiling. Heat and smoke had the potential to infiltrate from the hazardous areas through the penetrations. NFPA 101 LIFE SAFETY CODE STANDARD K 039 K 039 A plan of action will be submitted to the hospital's Width of aisles or corridors (clear and Administrative team to provide unobstructed) serving as exit access is at least 4 adequate storage space on the 1st, 19.2.3.3 feet 2nd, 4th, and 6th floors. The plan will also include measures to be taken for instances of noncompliance with this standard. This Standard is not met as evidenced by: The plan of action will be Based on observation, it was determined that the implemented no later than 4/25/08. facility had not ensured all corridors were kept All remaining hospital exit access clear and unobstructed for ease of exit access. corridors have been inspected and The findings include: were found to be in compliance with this standard. Hospital Observation on February 4-5, 2009 from 2:09 leadership has been educated on p.m on 2/4 to 10:00 a.m. on 2/5 disclosed that for the requirement for maintaining five of 13 corridors sampled on five of seven clear and unobstructed exit floors, corridors were partially obstructed by corridors. All exit access corridors patient beds, tables, carts (not in use and will be inspected on a routine immediately attended), shelves, display cases, basis, including periodic safety and bookcases. Lack of clear egress would surveys conducted by hospital potentially create exiting and partial evacuation efforts for patients and public on the following Safety Committee members. 4/25/08 floors: 1st floor, 2nd floor, and 4th -6th floors. The corridor widths were not clear and unobstructed: subsequently corridor items operationally diminished the level of fire safety and width the structure was originally constructed

K 074

NFPA 101 LIFE SAFETY CODE STANDARD

Draperies, curtains, including cubicle curtains,

serving as furnishings or decorations in health

and other loosely hanging fabrics and films

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K 074

Replacement privacy curtains

have been ordered. The curtains

will be removed or replaced no

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observed to be out of compliance

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. 02 - ENTIRE HOSPITAL A. BUILDING B. WING 130028 02/05/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **651 MEMORIAL DRIVE** PORTNEUF MEDICAL CENTER POCATELLO, ID 83201 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) K 074 K 074 Continued From Page 6 later than 4/25/08. All cubical care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for curtains in use throughout both the Installation of Sprinkler Systems. Shower hospitals will be inspected to curtains are in accordance with NFPA 701. ensure compliance. Any noncomplying curtains will be Newly introduced upholstered furniture within removed or replaced no later health care occupancies meets the criteria than 4/25/08. The hospital's specified when tested in accordance with the current standard for newly methods cited in 10.3.2 (2) and 10.3.3. purchased cubical complies 19.7.5.1, NFPA 13 with provision 10.3.1 of the Life Safety Code and NFPA 13. Newly introduced mattresses meet the criteria Curtains purchased after 2002 specified when tested in accordance with the have met the provisions of this method cited in 10.3.2 (3), 10.3.4. 19.7.5.3 standard. Periodoc safety surveys conducted by the hospital Safety Commitee will include random inspection of privacy curtains, where applicable, effective 4/1/08. 4/25/08 This Standard is not met as evidenced by: Based on observation, it was determined that the facility had not ensured that privacy curtains were constructed so as to not obstruct operation of automatic fire sprinkler heads. The findings include: Observation during tour on February 4-5, 2008 from 2:55 p.m. on 2/4 to 8:44 a.m. on 2/5, disclosed that for three of seven floor levels sampled, privacy curtains were not constructed to allow for proper spray patterns through the top of the mesh screens. The mesh of the screens were measured to be less than 1/4-inch in size (3/16-inch) and not the required 1/2-inch size. Lack of proper mesh size would potentially obstruct the spray patterns for at least 11 patients in the following patient areas: patient

509, 510, 520.

rooms ICU 9, 208, 210, 216, 217, 218, 506, 507,

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING B. WING		OSPITAL (X3) DATE SURVE COMPLETED 02/05/200	
NAME OF PROVIDER OR SUPPLIER			STREET ADDE	RESS, CITY, STATE, ZIP CODE		02/03	/2000
PORTNEUF MEDICAL CENTER 651 MEMORIAL DRIVE POCATELLO, ID 83201							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
K 074	Continued From Pa	age 7		K 074			

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Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 01,02 A. BUILDING B. WING 02/05/2008 130028 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **651 MEMORIAL DRIVE** PORTNEUF MEDICAL CENTER POCATELLO, ID 83201 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) B 000 16.03.14 Initial Comments The licensed facility consists of an east campus three story structure and six story building on the west campus. The campus buildings are Type I (443) with complete automatic sprinkler system and off-site monitored fire alarm/smoke detection system. All hazardous areas are rated with 1-hour separation. The following deficiency was cited at the above RECEIVED facility during the Fire/Life Safety survey conducted on February 5, 2008. The facility was surveyed under the LIFE SAFETY CODE, 2000 MAR 0 7 2008 Edition, Existing Health Care Occupancy and in accordance with IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho. FACILITY STANDARDS The survey was conducted by: Mark Grimes, Supervisor Facility Fire/Life Safety and Construction Program Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program BB161 BB161 16.03.14.510 Fire and Life Safety Standards Refer to CMS Federal Form 2567 - Plan of Correction Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals. General Requirements. General requirements for the fire and life safety standards for a hospital are that: The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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STATE FORM

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f continuation sheet 1 of 2

VP- Clinical Services

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STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: 01,02 A. BUILDING B. WING 02/05/2008 130028 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **651 MEMORIAL DRIVE** PORTNEUF MEDICAL CENTER POCATELLO, ID 83201 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX TAG **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) BB161 Continued From Page 1 BB161 On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public. This Rule is not met as evidenced by: Refer to CMS Federal Form 2567 under K017, K018, K020, K029, K039, and K074.

Bureau of Facility Standards